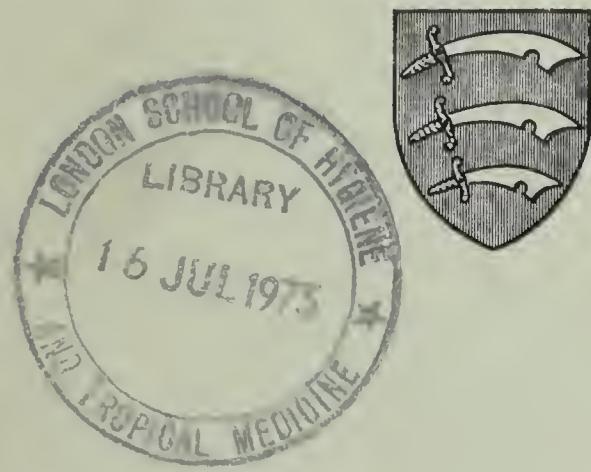


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COUNTY COUNCIL OF ESSEX



**ANNUAL REPORT**

OF THE

**Principal School Medical Officer**

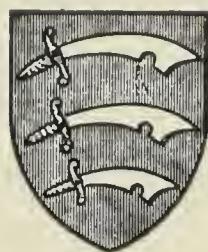
FOR THE YEAR

**1972**





COUNTY COUNCIL OF ESSEX



# ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE YEAR

1972



J. A. C. FRANKLIN, M.B., B.S., D.P.H.  
PRINCIPAL SCHOOL MEDICAL OFFICER  
85/89 NEW LONDON ROAD, CHELMSFORD

Tel. Chelmsford 53233



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## P R E F A C E

85-89 New London Road  
Chelmsford.

April 1973

To *The Chairman and Members of the Education Committee*

It is with pleasure that I present, as Principal School Medical Officer, my Annual Report for 1972.

As in previous years this Report, which includes a report of the Principal Dental Officer, has been prepared on the basis of draft material submitted by the Divisional School Medical Officers and other senior officers of the Education and Health Departments who are concerned particularly with the School Health Service.

The health of the school children throughout the Administrative County remains at a consistently satisfactory level and the benefits of the selective medical inspection scheme are appreciated in that Medical Officers are thus more able to concentrate on those children requiring medical attention. It also enables the ever increasing number of school children in the Administrative County to be served by the School Health Service even though the full-time equivalent of Medical Officers has reduced from 27.5 in 1971 to 25.8 at the end of this year.

I am pleased to report a further expansion in the audiology service with the opening of a clinic at Epping, in the West-Essex Division. This clinic has already proved a valuable help to those children with hearing impairment in that part of the County and is run by a Medical Officer with periodic visits by a consultant in otology.

As expected, the initial demand for medical examinations by School Medical Officers in accordance with the Milk and Meals (Amendment No. 2) Regulations 1971 has fallen and this has enabled those School Medical Officers concerned to concentrate on other work, only 291 pupils being issued with certificates recommending the provision of milk for medical reasons during this year.

The continuing expansion of the demand for health education emphasises that the work is never completed and the subjects never exhausted. There is an improvement in the staff position but it is difficult to meet all the requests of the schools and teaching staff in this regard. It is also most difficult to measure the success of the various campaigns undertaken, though it is felt with conviction by all concerned that a great degree of success is being achieved.

The medical directors of the child guidance clinics are most concerned about the severe shortage of accommodation at these clinics, and concern is felt that this handicap at the clinics may lead to a falling off of the high standard of service provided to those children referred to the clinics. There is no doubt that the buildings and accommodation used leave much to be desired and it is to the credit of the child guidance teams that so much has been achieved in these conditions. This, no doubt, is one of the many problems to be resolved under future re-organisation.

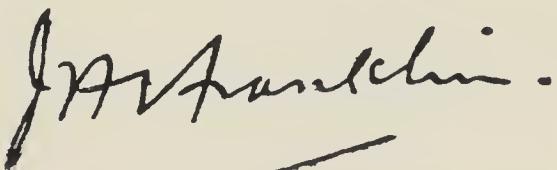
It is to be regretted that the facilities for medical inspection at the schools still do not come up to the ideal of the standards desired and this is most noticeable at some primary schools, where even new buildings do not always have suitable provision for inspections. Only with the goodwill and co-operation of the school staff and the medical staff is it possible to undertake medical work in these situations and a number of the Divisional School Medical Officers have expressed their concern over what they feel to be a worsening position. This is a difficulty with which those concerned in the School Health Service are only too familiar and it is hoped that this problem too can be resolved in the future.

The Education Committee have agreed in principle to the provision of a mobile school medical inspection unit, initially as a pilot scheme in the South-East Essex Division, but owing to the present financial pressures it has not proved possible for provision to be made in the 1973/74 estimates. A mobile unit in this context would undoubtedly help to ease the pressures on schools for suitable accommodation and when it is possible to finance this scheme I am sure it will be of great interest to all concerned.

It will be noticed that the expected increase in the recruitment of speech therapists did not materialise. During the year the numbers of staff did improve but owing to others leaving there was no overall improvement at the end of the year. A scheme for the appointment of senior speech therapists is being put forward for 1973 and it is anticipated that this will aid recruitment by establishing an improved salary structure.

The approaching re-organisation affecting both Local Government and the National Health Service looms large on the horizon and inevitably there is still considerable disquiet among the staff in the School Health Service who do not yet know precisely what the future is to be. Only when the new authorities are in being and appointments are made can this be settled and then it is to be hoped the School Health Service can stride forward with the other health services to improve the quality of the provision for all children.

In conclusion, I wish to record my thanks and appreciation to the Education Committee for the help and support during the year under review, the Chief Education Officer and his staff for their helpful co-operation and my own staff and all others who have been in any way concerned with the School Health Service.



Principal School Medical Officer

# COUNTY COUNCIL OF ESSEX

## EDUCATION COMMITTEE (as at 31st December 1972)

*Chairman:* Mrs. B. C. Platt, M.A., C.Eng., A.F.R.Ae.S.

*Vice-Chairman:* R. H. Dyball, O.B.E., T.D., M.A.

### County Council Members

#### *Aldermen:*

Mrs. E. W. Borthwick	A. Jones, M.B.E., J.P.
Mrs. F. L. Coker	J. E. Tabor, O.B.E., M.A., D.L.
Brigadier T. F. J. Collins, C.B.E., D.L.	Brigadier J. T. de H. Vaizey, C.B.E.
J. L. M. Crofton	G. C. Waterer, B.Sc.
G. C. S. Curtis, O.B.E., M.A.	S. S. Wilson, O.B.E., J.P.
	W. R. Wright, M.Inst., M.S.M.

#### *Councillors:*

D. E. Affleck	Mrs. J. C. Martin
Mrs. S. Anderson, B.A.	Mrs. B. McGreal
M. J. Cullen	E. C. Metson, M.C., F.C.C.S.
J. J. Davidson	E. J. Milo
G. A. Detmaur	A. C. Moles
R. W. Dixon-Smith	W. P. O'Donoghue, M.B.E.
P. R. Elliott	E. G. Perry, M.B.E.
D. J. Fisher, J.P.	A. V. Stockley, J.P., M.A.(Oxon), A.Inst.P.
H. W. Frost	Miss M. L. Tabor
Mrs. D. E. Golding	Mrs. E. M. Tuck
P. J. Harty	Brigadier J. C. B. Wakeford, C.M.G.
Mrs. M. D. Hutton	P. E. W. White
Group Capt. H. P. Johnston, O.B.E.	Mrs. J. Woods
F. W. Limer	P. R. Wormell
J. A. Mackintosh	

### Representatives of Divisional Executives

Mrs. E. M. Clarke, M.A.	E. P. Duffield
Mrs. C. M. Cock	J. W. Lobley
Mrs. M. W. Davies	W. A. Nichols, J.P.
B. E. Downie	E. Trippier, M.R.S.H., M.Inst.B.E.

### Representatives of Universities

Professor J. Bradley	H. Marriott, B.Eng., B.Sc.Econ., F.I.E.E.
F. C. C. Edmonds, M.A.	G. H. R. Newth, M.A.

### Persons of Experience in Education

C. R. Allison, M.A.	L. F. Grant, O.B.E.
B. S. Coker, F.C.A.	The Rev. Father L. Heston
Mrs. M. E. Edwards	W. G. Ingram, M.A.
Hon. Mrs. J. Franklin, J.P.	The Rev. Canon M. M. Martin, M.A.

### Representatives of Teachers

Miss M. A. L. Colleer	A. Dyer
J. R. Prince	A. W. A. Ellis

Gwyn Jones

# STAFF OF THE SCHOOL HEALTH SERVICE

(as at 31st December 1972)

## CENTRAL OFFICE

*Principal School Medical Officer*

J. A. C. Franklin, M.B., B.S., F.F.C.M., D.P.H.

*Deputy Principal School Medical Officer*

R. D. Pearce, M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.

*Principal Medical Officer*

Elizabeth M. Sefton, M.R.C.S., L.R.C.P., M.F.C.M., D.P.H., D.C.H., L.M.

*Principal School Dental Officer*

J. C. Timmis, L.D.S., D.D.P.H., R.C.S.

*Director of Nursing Services*

Miss J. Carre, S.R.N., S.C.M., Q.N., H.V. Cert.

*County Health Inspector*

M. E. Rousell, M.A.P.H.I.

*County Health Education Officer*

C. E. Williams, M.R.S.H.

*County Speech Therapist*

Miss Jennifer Austin, D.T.S.T., L.C.S.T.

*Statistician*

W. H. Leak, B.A., F.S.S.

## DIVISIONAL STAFF

### Divisions

### Divisional School Medical Officers

North East .....	M. F. H. Bush, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H.
Mid-Essex .....	J. A. Slattery, M.R.C.S., L.R.C.P., D.P.H.
South East Essex .....	D. A. Smyth, M.B., B.S., C.P.H., D.P.H., F.R.S.H., M.F.C.M., F.R.I.P.H.H.
Thurrock .....	T. D. Blott, B.Sc., B.L., M.B., B.S., D.P.H.
West Essex .....	A. Afnan, M.D., D.P.H., D.L.O., L.A.H.
Harlow .....	I. Ash, M.D., M.F.C.M., D.P.H.
Basildon .....	P. X. O'Dwyer, M.B., B.Ch., D.P.H.
Colchester .....	M. F. H. Bush, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H.

## OTHER DIVISIONAL STAFF

(excluding staff employed by Regional Hospital Boards)

	Number * employed	Aggregate of time given to School Health Service (in terms of whole-time officers)
School Medical Officers (including D.S.M.O's) .....	78	25.8
Dental Officers (including Area Dental Officers) .....	57	39.6
Health Visitors/School and Ancillary Nurses .....	287	95.4
Dental Surgery Assistants .....	63	48.3
Dental Auxiliaries .....	8	6.8
Speech Therapists .....	21	12.3
Social Workers .....	16	12.6

*\*Includes sessional officers*

## GENERAL STATISTICS

The Registrar General's estimate of population for the Administrative County at mid-year 1972 was 1,222,910.

### School Population Mid-Year 1972

	Primary† Schools	Secondary Schools	Special Schools	Total
North-East Essex	15,016	8,566	286	23,868
Colchester	8,321	7,292	337	15,950
Mid-Essex	30,348	19,895	436	50,679
South-East Essex	16,008	9,702	276	25,986
Thurrock	13,305	9,039	480	22,824
West Essex	15,271	10,436	289	25,996
Harlow	10,931	9,211	223	20,365
Basildon	16,647	11,728	326	28,701
Boarding Schools	-	728	-	728
Total 1972	125,847	86,597	2,653	215,097
Total 1971	123,840	82,615	2,544	209,033*

†This figure includes children at nursery schools

\*Includes 34 pupils at partially hearing unit.

### Number of Schools

Nursery Schools .....	2
Primary Schools .....	532
Secondary Schools .....	104
Special Schools .....	34
Technical and other Colleges .....	11

## Distribution of Special Schools

The 34 Special Schools in the Administrative County cater for handicapped pupils in the following way:-

Category of Handicapped Pupil	Divisional Executive	Day Schools	Residential Schools	Hospital Schools	Sex	Accommodation
Educationally Subnormal	Colchester	2	-	-	Mixed	220
		-	-	1	Mixed	180
	North-East	2	-	-	Mixed	160
	Mid-Essex	4	-	1	Mixed	360
		-	1	-	Boys	58
	South East	2	-	-	Mixed	170
	Basildon	3	-	-	Mixed	330
	West Essex	-	1	-	Boys	100
		1	-	-	Mixed	110
		-	1	-	Girls	50
	Harlow	3	-	-	Mixed	275
	Thurrock	3	-	-	Mixed	360
		-	-	1	Mixed	100
Total		20	3	3		2,373
Maladjusted	North-East	-	3	-	Boys	165
	West Essex	-	1	-	Mixed	40
	Basildon	1	-	-	Mixed	50
	Total	1	4	-		255
Delicate and/or physically handicapped	North East	-	1	-	Mixed	90
	Thurrock	1	-	-	Mixed	100
	Mid-Essex	-	-	1	Mixed	70
	Total	1	1	1		260

## **Number of School Clinics**

Minor Ailments .....	41
Dental .....	59 (+ 3 Mobile)
Ophthalmic .....	23
Speech Therapy .....	52
Physical Medicine .....	2
Orthoptic .....	7
Enuresis .....	12
Audiology .....	6
Audiometry .....	29

(Further details are referred to in Appendix "I")

## MEDICAL INSPECTIONS AND TREATMENT

(See also Appendix "A")

During the year ended 31st December 1972, 35,806 pupils were given a full medical examination compared with 39,236 in 1971, a decrease of 3,430.

A scheme for selective medical inspections continued to operate throughout the County during 1972, the benefits of this scheme being that the medical staff are thus able to devote more of their time to those children with particular health problems, rather than seeing a majority of healthy children.

Although only a minority of older children are given a full medical examination, all entrants continue to be examined and the following table shows the percentage of children aged 5 or 6 at the end of the year found to require treatment for defects.

	1970	1971	1972
Number of children medically examined	20,508	18,059	20,372
Percentage with defects requiring treatment:			
Defective vision	1.6	1.1	1.2
Other conditions	6.0	5.7	4.2
All conditions	7.5	6.5	5.2

### Diseases of the Lungs

28 entrants were found at periodic medical inspection to require treatment for lung diseases and a further 515 were recommended to be kept under observation.

### Heart disease

Thirteen entrants were found to require treatment for heart conditions and 256 were recommended to be kept under observation.

### Diseases of the Ears

Compared with 1971 fewer entrants were found to require treatment for diseases of the ear, but more were considered to require observation. The figures are as follows:-

Type of Defect	Requiring treatment		Requiring observation	
	1971	1972	1971	1972
Hearing	198	172	677	1,205
Otitis Media	46	23	287	354
Other	16	6	78	116

## **Orthopaedic defects**

Ninety three entrants were found to have postural defects, 547 defects of the feet and 380 other orthopaedic defects and were recommended to be kept under observation, but the number requiring treatment was much smaller; being 43 for defects of the feet and 8 each for defects of posture and other orthopaedic defects.

## **Skin conditions**

Fewer entrants required treatment for skin conditions, 43 compared with 59 in 1971 and 68 in 1970, but in addition 587 entrants were recommended for observation.

## **Diseases of the eye and defective vision**

At periodic medical examinations during 1972, 2,590 entrants were found to have diseases of the eye made up as follows:-

	<b>Requiring treatment</b>	<b>Requiring observation</b>
Vision	254	1,789
Squint	95	309
Other defects	12	131
	361	2,229

## **Physical conditions**

The number of children found to be unsatisfactory at medical inspections remained the same as for 1971 at 78. This represented 0.22% of those examined. The figures for entrants being 51 children or 0.25% of the entrants examined.

## **Cleanliness inspections**

During 1972, 175,490 pupils were inspected and 1,316 were found to be infested compared with 146,816 and 959 last year. One hundred and seven cleansing notices were issued under Section 54(2) of the Education Act 1944, and 13 cleansing orders under Section 54(3).

The percentage of children inspected and found to be infested was 0.75, against 0.67 in 1971.

## **School Meals and Milk in Schools scheme**

The Milk and Meals (Amendment No. 2) Regulations 1971 lowered the age range of children entitled to free school milk, but permitted exceptions to be made on health grounds.

School Medical Officers examined 348 children during 1972 and issued 291 with certificates recommending the provision of milk for medical reasons.

The Chief Education Officer has once again been kind enough to arrange for me to have a report on the School Meals Service and the Milk in Schools scheme as shown in Appendix "B".

### Minor Ailments

The following table shows the number of pupils treated at Minor Ailment Clinics during the year under review, with comparative figures for 1971:

	1971	1972
External and other eye diseases, excluding errors of refraction and squint	88	115
Diseases of the ear, nose and throat (non-operative treatment)	180	212
Skin diseases, excluding uncleanliness	1,754	1,763
Miscellaneous minor ailments (including enuresis)	1,827	2,642

### Enuresis

The Enuresis Clinic at Harlow continued to operate during 1972 and I quote below from the report by Dr. I. Ash the Divisional School Medical Officer.

"In 1971 it was necessary to discontinue one of the weekly sessions in the clinic because of shortage of staff and pressure of work in other sections of the School Health Service.

Unfortunately it has still not been possible to restore this session and the list of children waiting for treatment has consequently lengthened. Of 58 pupils referred to the clinic (42 by School Health Service staff and 16 by others) 35 were still awaiting appointments by the end of the year, whilst at the same time 61 (51) were receiving treatment."

The following is an analysis of cases discharged during the year:-

	New Cases	Old Cases	Receiving further treatment after relapse	
Cured .....	2 (1)	27 (24)	-	(1)
Greatly improved .....	- (-)	- (-)	-	(-)
Failed to continue treatment .....	1 (2)	17 (18)	-	(1)
Referred to Child Guidance Clinic ..	- (-)	- (1)	-	(-)
Temporarily closed .....	- (-)	1 (1)	-	(-)
Closed at parents request .....	- (-)	2 (1)	-	(-)
Spontaneous recovery .....	2 (1)	- (-)	-	(-)
Withdrawn before treatment .....	7 (7)	- (-)	-	(-)

Note: The figures in brackets relate to 1971

### Recuperative Holidays

Eighty children were provided with recuperative holidays during 1972 under arrangements made through the School Health Service compared with 86 during 1971.

## SPEECH THERAPY

The following report has been received from Miss Jennifer Austin, County Speech Therapist:-

"In December 1972, 21 therapists were working the equivalent of 12.3 full-time posts. We are particularly in need of therapists in Basildon, Braintree/Witham, Clacton, Epping/Loughton and Rayleigh.

In some speech therapy clinics the lack of staff unfortunately results in the necessity for selection of priority cases from a number of children who would benefit from treatment; or in children who require regular treatment receiving only occasional appointments when advice can be given to parents. If there is no staff at the local clinic, children urgently needing help travel to clinics in another area or Division when possible. The speech therapists covering poorly staffed parts of Essex are to be complimented on the arrangements which they make to provide some form of service in these circumstances.

Regular visits have been maintained to a proportion of the special schools, in addition to the sessions held for pre-school children and those attending ordinary school, in the Health Services Clinics. In rural areas where the public transport service is poor, so that clinic attendance is not feasible, some therapists carry out regular visits to primary schools, and we are grateful for the co-operation of the teachers concerned – finding accommodation for weekly visiting staff is often a problem.

In June, 17 speech therapists were able to attend the Wolfson Centre in London for training in the administration of the Reynell Developmental Language Scales. Each Division now has at least one of these Scales, which are valuable for indicating levels of expression and verbal comprehension in young children – and in particular for the more difficult task of assessing comprehension in the child who has a speech problem, and is also either physically handicapped or very withdrawn.

County and Divisional meetings have been continued, with the addition of a speaker at the County conferences. This affords the necessary opportunity for discussion amongst staff who are rather scattered.

A number of therapists have co-operated with the London Training Schools in providing places for working or observing students, both during term time and for their clinical work carried out during the college holidays.

Staff are interested in extending the service given to special schools, and in providing more intensive therapy locally for the severely speech handicapped children. It is hoped that the staffing situation will improve sufficiently to allow for this.

Provision has recently been made in the revenue estimates for 1973/74 to meet the cost of three of the six posts added to the establishment in 1972, also for posts of senior speech therapist. This step is welcomed as, when the appointments are made, a more satisfactory service should result and both improvements will go some way towards the recommendations regarding establishment and structure made in the Department of Education and Science Quirk Report 'Speech Therapy Services' (1972)."

The following table gives details of speech therapy referrals etc. for 1972 with comparable figures for 1971:-

	1971	1972
Referred for Speech Therapy .....	1,315	1,412
Commenced treatment .....	1,150	1,068
No. receiving treatment at end of year .....	1,241	1,574
No. on waiting list at the end of year .....	452	585
Total treated during year .....	2,263	2,435

## CHILD GUIDANCE SERVICE

The Child Guidance Service continued throughout the year and details can be found in Appendix "C".

The staffing establishment and the numbers in post at 31st December 1972 are shown in Appendix "I".

The following is an extract from a report made by Dr. Beatrice Crocket the Medical Director of the Colchester and N.E. Essex Child Guidance Clinic:-

"The North East Essex Child Guidance Clinic has had another eventful year. The Psychiatrist and Senior Educational Psychologist, together with the paediatricians, representatives from the Social Services, the Education Departments and staff from the relevant medical and surgical hospital departments, have formed themselves into a Child Health Committee, which meets regularly every two months. There has been a very useful exchange of views on this Committee, and it is proving of immense value. The increased liaison with the adult psychiatrists and specialists in subnormality, mentioned in last year's report, has progressed during 1972. The child psychiatrist has joined the Psychiatric Division, which meets at Severalls Hospital monthly, and views are exchanged on the psychiatric needs of the region for adults and children.

The number of referrals to the Child Guidance Clinics remained fairly steady this year, total referrals 291. Referrals from general practitioners rose by 20 cases, and referrals from Headmasters fell by approximately the same number. Although there were cases waiting to see the psychiatrist at the end of 1972, most cases waiting had in fact been seen by one of our social workers and, where necessary, was receiving continuing support from them.

We greatly regretted Dr. Joan Ball's retirement for personal reasons in January 1972. Dr. Ball had been in every way an excellent colleague, both at the North East Essex Child Guidance Clinic and in the area since she commenced work at the Clinic in 1968. Dr. Margaret Tripp replaced Dr. Ball in two locum consultant sessions until July 1972, when she left to take up a psychiatric appointment in Chicago.

After Dr. Tripp left the North East Metropolitan Regional Hospital Board agreed to establish the two locum consultant sessions, and have also given us a further session, bringing the total number of established consultant child psychiatric sessions at this Clinic from 6 - 9. They have also agreed to two child consultant psychiatric sessions at Chafford School and it is to be hoped that a second child psychiatrist will be appointed shortly.

The Priory Meadow School for maladjusted children opened at St. Osyth in October 1972. This school takes girls and boys in both primary and secondary age groups, and is already proving a valuable and helpful establishment. We are very happy about the progress of the children we have referred to this School.

### Accommodation

Although we are very grateful that our staff establishment is now full, the lack of adequate accommodation in the Clinic has become acute. On some days certain members of staff are unable to use their rooms. The social workers are making arrangements on certain days to be out on home visits to free a room for another worker. The psychologists are having to share one room, and the secretarial staff have completely inadequate accommodation, all four secretaries using a room which is also used as a general office and reception room. When the new child psychiatrist is appointed there is no adequate consulting room for him.

I think there is little chance of additional building at Winsley's House, and it would seem wise to consider new premises for the North East Essex Child Guidance Clinic when this is possible. It will be very important to keep in mind that this will

have to be in a central part of the town, in view of the wide area served by this Clinic, and the transport difficulties from such places as Harwich, Frinton, Clacton and Halstead, etc."

Dr. J. Vincenzi, Medical Director at the Chelmsford Clinic has contributed the following report on the Service:-

"There have been few changes of any significance. The referral rate remains about the same.

The amount of Social Work time has improved and more intensive social work has been done.

However, my own waiting list remains the same and it has not yet been possible to reduce it substantially. The Regional Hospital Board have agreed for us to have some temporary sessions but at the moment we have not been able to get anybody, and owing to overcrowding at Rannoch Lodge we are not even certain whether we can find anywhere for him or her to work.

Additional psychiatric time has been allowed at Newport House and Dr. Runes has been attending weekly, and this has helped the position there."

I am indebted to Dr. Runes, Medical Director, Basildon Clinic, for the following report relating to cases dealt with during the year in Basildon and South East Essex Area:-

#### "Staff situation

There has been little change in regard to the staff situation since my last report. We are now quite able to cope with our waiting list and in a position to offer a variety of treatments. Some difficulty may, however, arise in the near future as our Senior Psychologist, Miss Piper, is leaving the clinic in order to take up a more senior appointment.

I understand that an increase in our establishment for Social Workers might be envisaged. This would be of great help as that particular department is now largely involved in the treatment of our families. The Social Workers are also able to participate extensively in the training of student Social Workers.

#### Placement

There has been some easing in regard to the placement of disturbed children in hospital units. The Children's Unit in Colchester has been particularly helpful. This will remain our outlet for the future as far as one can foresee it, as there has been a negative response as regards the establishment of regular sessions and beds for psychiatrically disturbed children at the new Basildon District Hospital.

We are also still waiting for the Adolescent Unit to be opened in our region. We have to be grateful for the continuous help given to us by other Adolescent Units, in particular, Beech House at Chartham, where we were able to place several disturbed boys.

We have regular Clinic conferences at the clinic which are attended occasionally by members of the Social Services Department who are concerned with some of our cases.

#### Referrals

The number of referrals had somewhat increased but with the added facilities for treatment we were able to offer diagnostic appointments without excessive delay. The waiting period varies, especially as some children require priority in view of the urgency of the problem.

We have maintained our contact with the Social Services Department of Tower Hamlets which is helpful in so far as a number of Family Group Homes for Children from their area are situated in Basildon.

## Accommodation

We are still trying to cope with our accommodation problem which seems to be irremediable at the moment. As I mentioned last year, both our playrooms have to be used by professional staff as offices."

In my report for the previous year, I referred to the difficulties encountered by the absence of a psychiatric service in the Saffron Walden district. Unfortunately, discussions with the East Anglian Regional Hospital Board about the possibility of seconding a psychiatrist to undertake sessions in that district were not successful. Children in need of psychiatric investigation continue to be referred to clinics at Cambridge, Chelmsford or Harlow.

The following is an extract from a report by Dr. J. Waldman, Medical Director of the Loughton Child Guidance Clinic:-

"As Medical Director I have been involved in various Committee activities concerned with clarifying and helping to give shape to the Clinic Service, in view of the reorganisation of the National Health Service due to take place in 1974. A Committee of particular local interest is a Liaison Committee for Essex, comprising representatives from the Department of the Medical Officer of Health, Psychiatrists, Psychologists, Special Services Department of Education and Social Workers, which it is hoped will be meeting regularly over the forthcoming year to explore matters of common interest.

A continuing source of concern has been the uncertainty as regards our future in terms of premises. Our present accommodation will not be suitable when St. Nicholas' School is converted for use as a unit for the severely subnormal and in view of the possible split between the Education and Health Services, and pending the establishment of the new area Health Boards, there seems to be no one at all in a position to take responsibility for accommodating the clinic. It is possible that the clinic will be playing some part in the education of psychiatrists in training in general psychiatry, to meet which demand an increase in psychiatric establishment may be sought, but developments in this particular area are still at a very early stage.

Further issues of concern are the absence of adequate day educational facilities for school phobias and other disturbed children of secondary school age, and the absence of adequate day facilities for autistic and non-communicating children."

Dr. Danos has continued as Medical Director at the Thurrock Child Guidance Clinic, where new referrals continue to be seen within a few weeks of referral and the diagnostic waiting list is therefore small. Dr. Danos attends the clinic for three days and one evening weekly, the Educational Psychologists are Mrs. Beattie and Mrs. Roberts and Mr. Le Tendre has continued as full-time Psychotherapist.

Groups of student nurses, student social workers and student health visitors have visited the clinic for talks and case conferences are held at regular intervals. As an experiment Dr. Danos has started group sessions for parents of school refusers.

The following extract is from the report by Dr. R. St. Blaize-Molony the Medical Director of the Harlow Child Guidance Clinic:-

"Galen House Clinic in 1972 has extended its psychiatric service to children and families.

It has now become possible for the Churchill Clinic to make available Registrar time to attend at our clinic meetings at Galen House but in the near future it is hoped that the Registrar would be able to accompany myself and the Social Worker on our domiciliary visits.

This year has been marked by the appointment to the clinic of a new Psychotherapist, Mr. Walter Weiner, who is already seeing a large number of children in individual psychotherapy. He is about to embark on an additional group therapeutic regime.

We are expecting in the near future a new Social Worker to be appointed. We would expect him to link up with other social services in the area.

At the moment we are reduced in the help we get from the School Psychological Service by virtue of personnel difficulties but we hope in the near future to have some of our previous workers return, at least on a part-time basis.

The emphasis of the clinic continues to be outwards into the community and the particular contribution is that of the separate skills of the various teams available, namely medical, psychological and social work."

## Referrals

The following table shows the number of referrals to Child Guidance Clinics and the source:-

Source of Referral	Number	Per Cent
School Medical Officer and Health Visitors . . . . .	237	15.1
General Practitioners . . . . .	359	22.9
Consultants . . . . .	113	7.2
Educational Psychologists . . . . .	360	22.9
Head Teachers . . . . .	74	4.7
Social Workers . . . . .	72	4.6
Probation Officers . . . . .	24	1.5
Magistrates . . . . .	18	1.2
Direct referrals . . . . .	250	15.9
Others . . . . .	63	4.0
Total	1,570	100.0

## AUDIOLOGY SERVICE

There was a further extension of the audiology service within the Administrative County during the year when an additional clinic was opened in Epping in April. Like the other clinics at Chelmsford, Colchester, Harlow, Rayleigh and Thurrock, this is run by a Medical Officer with periodic visits by a consultant in otology.

Some parents in the West-Essex Division find it more convenient to take their child to the audiology clinic at Chelmsford or Harlow, and this is arranged if requested. The clinic referrals from Basildon are generally seen at the Rayleigh Clinic so that we now have a clinic availability for the whole County, and, in addition, because a number of Medical Officers running these clinics hold a joint appointment as Honorary Clinical Assistant to the E.N.T. consultant at the appropriate hospital, good working arrangements exist with those hospitals.

The work of the peripatetic teacher of the deaf is closely associated with the audiology clinics and a report by the advisory teacher of the deaf is given in Appendix "D".

## PHYSIOTHERAPY SERVICE

The appointment of the equivalent of one full-time physiotherapist was agreed by the Education Committee on the recommendation of the Special Services Sub-Committee, to continue the service previously arranged by the Health Committee in the SSN schools, and early in 1972 four physiotherapists appointed on a sessional basis commenced their duties to cover all the SSN schools except the Charles Leek School, Braintree.

These physiotherapists are employed at the SSN schools specifically to assist staff and pupils to enable them to attain the utmost benefit of the educational stimuli available. They advise on exercises and movement which helps not only the children but also assists the staff with the management and handling of these difficult pupils.

At first difficulties were experienced at the schools because of lack of space and equipment, but the situation has improved as the year has progressed. The physiotherapists appreciate the support and co-operation they have had from the school staff and it is felt that the children have responded noticeably.

It is regretted that it has not proved possible to make an appointment to the Charles Leek School during the year, but it is anticipated that this difficulty may be overcome shortly. There is no doubt that for the future the SSN schools would appreciate more physiotherapy time and that this would assist the staff and benefit the pupils.

There is also a need to extend the service provided by the physiotherapists to the ESN schools and this was agreed in principle by the Committee provided that it can be met from within approved resources. Unfortunately, due to the serious shortage of qualified staff, it has not been possible to expand the service in this direction to any extent, and it remains to be seen whether the situation will improve for 1973.

## HANDICAPPED PUPILS

(See also Appendix "E")

### Blind and Partially Sighted Pupils

Nineteen pupils were registered as blind at the end of 1972, the same number as last year; 12 were at residential schools, 2 at a day special school, and 5 (3 under 5 years of age) awaiting placement. Sixty-one children were registered as partially sighted, 20 were at day special schools, 24 at residential special schools and four at ordinary school. Eight (one under five years of age) were not considered to require special educational treatment, and 5 (one under five years of age) were awaiting placement.

### Deaf and Partially Hearing Children

During 1972, 8 children were newly assessed as deaf and 30 as partially hearing. At the end of the year 56 children were ascertained as deaf and 256 as partially hearing.

The placement of the deaf children was 30 at day special schools, 22 at residential special schools, three (one under five years of age) were not considered to require special educational treatment, and one was awaiting placement. 87 of the partially hearing pupils were at day special schools, 44 at residential special schools, 35 at ordinary schools and 1 elsewhere. Of these 11 were under five years of age. One pupil, under five years of age, was awaiting placement and 88 (6 under five years) were not considered to require special educational treatment.

### Delicate Pupils

There were 373 children on the register ascertained as delicate at the end of 1972. Of these 93 were at day special schools, 100 at residential special schools, 23 at ordinary schools, 9 elsewhere, 16 awaiting placement and 132 not thought to require special educational treatment. Two of these children were under five years of age.

### Educationally Subnormal Pupils

This is the category of handicap with the largest number of pupils, 1,739, a decrease of 103 on 1971. At the special schools for the severely subnormal pupils there are 642 pupils registered at 31st December 1972, an increase of 44 on 1971. The total of 2,381 pupils in this category were placed as follows:-

Day Special Schools .....	1,738 (505)
Residential Special Schools .....	216 ( 40)
Ordinary Schools .....	56 ( -)
Elsewhere .....	77 ( 59)
Awaiting placement .....	187 ( 30)
Registered, but not requiring special educational treatment .....	107 ( 8)
	2,381 (642)

The figures in parenthesis indicate the numbers of pupils registered as severely subnormal included in the total.

### Maladjusted Pupils

529 children were on the register at the end of 1972 ascertained as maladjusted. 119 of those were newly ascertained during the year. Thirty-two of those ascertained were at day special schools, 356 at residential special schools, nine at an ordinary school and 12 elsewhere. 66 children were awaiting placement and 54 were not thought to require special educational treatment.

### Epileptic Pupils

At the end of 1972 there were 96 children on the register who had been ascertained as epileptic, 10 of whom were newly ascertained during the year. Of these 13 were at residential special schools, 9 at day special schools, 3 at ordinary school and 4 elsewhere. There were 4 children awaiting placement and 63 not thought to require special educational treatment.

### Physically Handicapped Pupils

There was a total of 530 children on the register as physically handicapped at the end of the year. Of these 63 (26 under 5 years of age) were newly ascertained during the year.

The placement of these pupils was as follows:-

At Day Special Schools .....	100
At Residential Special Schools .....	66
At Ordinary Schools .....	19
Elsewhere .....	30
Awaiting Placement .....	15
Not requiring Special Educational Treatment .....	300
Total .....	530

## B.C.G. VACCINATION

School children and students in attendance at establishments for further education continued to receive vaccination protection against tuberculosis during 1972.

The following table gives details of the vaccination carried out:-

Division (1)	Number of Children Skin Tested (2)	Positive Reactions at Preliminary Test		Number of Children who received B.C.G. Vaccination (5)
		Number (3)	Percentage (4)	
North-East Essex .....	1,640	42	2.6	1,524
Mid-Essex .....	4,615	281	6.1	4,166
South-East Essex .....	1,218	30	2.5	1,077
West Essex .....	2,552	100	3.9	2,218
Harlow .....	653	50	7.7	539
Thurrock .....	1,121	47	4.2	1,006
Basildon .....	1,694	57	3.4	1,429
Colchester .....	888	13	1.5	825
Administrative County .....	14,381	620	4.3	12,784

## INFECTIOUS DISEASES

Appendix "F" of this Report gives a table showing the number of notifications of infectious and other notifiable diseases received during 1972 in respect of school children.

## HEALTH EDUCATION

The various methods of presenting health education in schools are almost as diverse as the topics which comprise the subject. The isolated talk by a visiting speaker on an emotive topic, masquerading as health education, is now thankfully almost a thing of the past. Although this approach has been deprecated by the Health Department for some time, it had been accepted previously in the hope that greater interest could be stimulated, resulting in a more rational approach being accepted for subsequent courses. The publication and distribution of the Department's booklet "Health Education for Young People", in which a suggested syllabus is given, has no doubt assisted in this move as more schools are now adopting it, albeit some in a limited form.

Area Health Education Officers have now been appointed to all except one of the Health Areas and this has resulted in a more personal liaison being possible with the schools. Previously, primary schools had received only limited assistance, but with the increased staff, more encouragement is being given at this level. It is at this stage that health education can be incorporated into the school programme with only minimal assistance, and an increasing number of schools have realised the possibilities in developing original ideas and projects. Campaigns on Dental Health and Smoking and Health have continued in Junior Schools and are referred to later.

In connection with the Health Department exhibit at the Essex Show in June, where 'Foot Health' and 'Do-it-Yourself with Safety' were the main themes, poster painting competitions were organised, the former topic being for children under eleven years, whilst the latter had two classes, under 13 years and 13 and over. A tremendous number of entries were received in each class, and in judging, content and age were of as great importance as was artistic ability. The winners, and many of those classified as highly commended, were displayed at the Show. Book-token prizes valued at £3, £2 and £1 were awarded in each class, these being presented to the winners in their own schools.

The number of secondary schools in which health education courses have been organised in conjunction with this department has doubled during the year, now standing at 62 schools. These courses range from the fully comprehensive for all pupils, through various limitations either of content or pupils, to courses which could be best described as still in the 'embryo' stage. Teaching staff have readily accepted the need for their direct involvement; in fact, without this involvement, it would be impossible to arrange courses at all. The experience in a large comprehensive school exemplifies this new trend. The pupils are arranged in 'sets' and to cover the whole year would mean speakers visiting the school on at least eight occasions for every topic. It has been possible, by mutual agreement, for these speakers to discuss the topic with a group of teachers at a session arranged to take place immediately after school hours. Educational resources (visual aids) are previewed and suggested lines of approach for the ensuing discussion are explored. Typical questions are also dealt with. Subsequently it is the teacher who presents the topic to the set; a situation which is obviously more beneficial from many aspects. It certainly minimises the chance that a topic is 'taken out of context' which is often the case where visiting specialist speakers are involved. The results, so far, are most encouraging.

The Health Education section carries a library of films on various topics, and these are available for use with approved courses throughout the County. Prior to September 1972, the use of these films was conditional upon one of the technical staff also being in attendance, or by being used personally where the speaker was from the Health Department. There were several occasions when films, although available in the library, could not be used because of staffing difficulties. Since that date the provision of films has become dependant upon the school having acceptable equipment, the course being agreed with this section, and the request being made through the Area Medical Officer. This new arrangement will be reviewed early in 1973 but the signs are that this will become a permanent service based on these, or similar, criteria.

Basic instruction in Emergency Resuscitation (Mouth to Mouth) has been given in many schools, both Secondary and Junior, over the past few years. Whilst this subject is still regularly taught, the approach is now being extended under the title of Survival. It is not the practice to include detailed instruction in first-aid, but it is felt that in addition to resuscitation, a knowledge of treatment of the three other major causes of death (bleeding, shock and heart stoppage) is advantageous. This obviously applied more to secondary education classes and in some schools the title of the film used, 'Don't let him die', has been given to this session.

The major campaigns have continued throughout the year. The Smoking and Health Campaign in North-East Essex was completed as planned in July 1972. In the original campaign, completed in 1970, all schools with pupils in the age range 9 to 13 were visited twice by the health education team. In this second phase, commenced in September 1970, only the junior schools were the subject of special visits, as it was found that the majority of secondary schools included smoking as a topic in their health education programmes, or dealt with it by other special means. It is planned to continue the biennial visits to junior schools, on each occasion dealing with the upper two years. The programme is basically the same but the content detail is obviously brought up to date to accord with further evidence and changes in political and social acceptance. From simple evaluation, an apparent decrease in smoking habits in the region of 30% has been maintained. As this age group progress through the school it is reasonable to expect a reduction in the smoking habits of the whole school on a 'snowball basis'. It is too early yet to assess, but the trend appears well set in many schools, and is surely justification for continuation of the Campaign. The Health Education Officer from this area has become a member of a working party organised and convened under the national organisation ASH - Action on Smoking and Health - and it is expected that his involvement will be of mutual benefit.

The Dental Health Campaign in Thurrock primary schools ended in July, and a further section of West Essex, Dunmow Rural, commenced in September. This will be extended to the Saffron Walden area as soon as possible. The programme of subsequent supporting visits to schools continued. Further detail is given in the County Dental Officer's report.

## PHYSICAL EDUCATION

I am once again indebted to the Chief Education Officer for the Report (Appendix "G") by the Senior Adviser of Physical Education.

### SCHOOL SWIMMING POOLS

The following comments are made by Mr. M. E. Rousell, County Health Inspector:-

139 school pools were operation during the year

53 inspections were made by County Health Inspectors and

198 by District Council Health Inspectors.

The County Architect has a mobile team of maintenance engineers to keep pool mechanical equipment in good working order and an assistant in the County Architect's Department is available to assist schools and P.T.A.'s in the planning of new pools.

Guidance notes on pool operation have been issued, but these are to be amended for insertion in each school handbook. It is also intended to give instructions to caretakers and others responsible for pool maintenance during the 1973 swimming season.

It is anticipated that up to 50 additional pools may be in use during 1973, and those already operational are constantly being improved, by heating and/or covering and the provision of better changing accommodation for example.

## ROAD ACCIDENTS

Once again I have to thank the Chief Constable of Essex and Southend-on-Sea Joint Constabulary for the following information relating to road accidents in the County Police District in which children under 16 years of age were involved.

During 1972 there were 19 fatal accidents. Of the children concerned, 12 were killed as pedestrians 7 as pedal cyclists.

Child pedestrians injured .....	725
Child pedal cyclists injured .....	378
Children injured (other than as pedestrians or pedal cyclists) .....	489

### Casualties by age groups 1972

0 - 1 .....	17
1 - 2 .....	24
2 - 3 .....	53 ( 1 )
3 - 4 .....	83 ( 2 )
4 - 5 .....	80
5 - 6 .....	98 ( 1 )
6 - 7 .....	109 ( 1 )
7 - 8 .....	126
8 - 9 .....	118 ( 3 )
9 - 10 .....	136 ( 1 )
10 - 11 .....	105 ( 1 )
11 - 12 .....	126 ( 3 )
12 - 13 .....	121 ( 2 )
13 - 14 .....	138
14 - 15 .....	129 ( 3 )
15 - 16 .....	148 ( 1 )
	1,611 (19)

The figures in parenthesis denote the numbers killed.

Children up to 5 years were responsible for 107 accidents and from 5 to 15 years 874 accidents.

The main causes of accidents for which children were responsible are shown below:-

	Up to 5 years	5 - 15 years (inclusive)
Pedestrians crossing road NOT masked by a vehicle .....	51	318
Pedestrians crossing road masked by stationary or moving vehicle ....	47	187
Cyclists turning right without due care ..	-	85
Cyclists pulling out from offside or nearside without due care .....	1	37
Cyclists not paying attention .....	-	21
Cyclists losing control or inexperienced .	-	26
Cyclists turning left without due care ..	-	12

N.B. Figures are not available for persons responsible  
for accidents at 16 years of age.

# REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

## 1972

### Staff

The full-time equivalent of 42.7 Dental Officers of all grades were in post at 31st December 1972, compared with 36.4 at 31st December 1971, out of an authorised establishment of 50, consisting of the Principal School Dental Officer, one Orthodontic Specialist, 8 Area Dental Officers and 40 Dental Officers. For the first time it proved possible to fill the vacancy for an orthodontic specialist, Mr. H. Levison, F.D.S., D.Orth., taking up his duties towards the end of April. The number of sessions devoted to treatment during the year rose from 12,426 in 1971 to 13,615, reflecting the increased dental officer staff, although it will be realised that this increase did not obtain throughout the year.

Whilst the level of staffing has continued to vary from Division to Division, the differences have become less marked. Some recruitment of dental officers has been possible in the Thurrock Division and a fairly satisfactory level of staffing was maintained in the Colchester, Basildon, South-East Essex and Harlow Divisions. A further increase in the number of dental officers is desirable in the North-East Essex, Mid-Essex and West Essex divisions.

The improvement in the staffing position by the end of the year is very encouraging but there remains an overall short-fall of 7.3 dental officers from the authorised establishment of 50. The under-manned school dental service at the same time is having to provide services for an ever increasing school population and the ratio of 1 whole-time dental officer to approximately 5,000 pupils is inadequate to allow for the annual inspection and comprehensive treatment of every child in need.

### Dental Ancillary Workers

The full-time equivalent of 6.8 dental auxiliaries were in post at 31st December 1972, compared with 8.0 at 31st December 1971. This fall is to be regretted since dental auxiliaries contribute a great deal to the dental education and treatment of young children. It must be remembered however that the majority of dental auxiliaries are young and quite naturally, through a variety of causes such as marriage, or a wish to see other parts of the country, there tends to be a high turn-over of staff. Nevertheless the total number of sessions worked by dental auxiliaries during 1972 was actually higher at 2,640 than the 2,034 sessions worked in 1971.

No dental hygienists or dental technicians were employed during the year.

The full-time equivalent of 48.3 (44.6 at 31st December 1971) dental surgery assistants were in post at the end of the year, the increase corresponding to the greater number of dental officers employed. The establishment of dental surgery assistants was increased to 60 during the year in order that, should it prove possible to recruit additional dental officers and dental auxiliaries, the new establishment would allow one dental surgery assistant to work with each dental officer and auxiliary and to cover recovery room duties during general anaesthetic sessions. The valuable contribution made by dental surgery assistants to the smooth and efficient working of the service is gratefully acknowledged.

The first contact between children and their parents and the school dental service is usually in the person of the dental surgery assistant, and their manner, appearance and diplomacy are all important.

### Clinics and Equipment

At the end of 1972, there were 40 fixed clinics with one surgery and 11 clinics with two or more surgeries, which together with 3 mobile clinics gave a total of 66 available surgeries, an increase of 3 surgeries compared with the previous year. 62 of these surgeries were in regular use by the end of the year. Two new health centres were opened during the year, that at Stifford Clays, Thurrock, consisting of a one-surgery school dental suite and a 2 surgery suite for a N.H.S. dental practitioner, the other at Vange, Basildon, consisting of a 2 surgery school dental service suite but no accommodation for an N.H.S. practitioner. By the year's end it had not been possible to open these two school dental clinics due to shortage of staff.

Planning of dental accommodation in new health centres in Canvey Island, Brentwood, Harlow Old Town and Central Grays was started during the year and a great deal of thought given to design in order to ensure pleasant up-to-date working conditions and flexibility to allow for new developments that may take place in dentistry in coming years.

The original two mobile clinics were worked throughout the year, No. 1 in the West Essex Division visiting rural schools and at Loughton Hall Clinic, and No. 2 in the South-East Essex Division at Thundersley clinic providing much needed additional surgery accommodation there for a dental auxiliary. The County's third mobile dental clinic was delivered from the makers in April and allocated to the North-East Essex Division, particularly for use in the Halstead rural area. It was stationed initially at Great Yeldham Primary School and later in the year moved to Hedingham Secondary School. Pupils, not only of the schools mentioned, but also from surrounding rural schools in the district, are treated, and undoubtedly providing treatment from a mobile clinic saves pupils a great deal of time-consuming travel.

In September an order was placed for a fourth mobile dental clinic, incorporating certain design changes to allow this clinic to be used, if desired, to treat handicapped children. To this end, the clinic will incorporate a wide rear door and retractable ramp to allow wheelchairs to be brought into the surgery, and if more convenient, it will be possible to treat children sitting in their wheelchairs rather than in the normal dental chair. Delivery of this new mobile clinic should be made in June 1973.

The policy of gradually replacing obsolete items of surgery equipment was continued and in general the standard of equipment throughout the county's clinics is satisfactory. The once-yearly monitoring of the dental staff for undue radiation from the use of dental x-rays was carried out and no case of undue dosage was reported.

The appointment of an orthodontic specialist, not only to carry out treatment personally but also to advise dental officers on treatment, has meant the provision in many clinics of items of equipment of a specialist nature for this kind of work. Whilst the majority of orthodontic treatment is carried out by means of removable appliances there are some abnormalities that can best be

treated by fixed appliances, for the fabrication of which spot welders and other specialised equipment are essential. A start was made during the year of providing this equipment at the most conveniently sited clinic in each of the eight Divisions.

Industrial action resulting in interruptions in the electrical supply caused some difficulty, minimised as far as possible with considerable ingenuity, but may account to some extent to the decrease in productive treatment sessions alluded to later in this report.

### Inspection and Treatment

The totals of dental inspections, attendances and all types of treatment carried out during the year appear on page 43. All figures appearing in parenthesis hereunder refer to the previous year 1971.

751 (790) half-day sessions were spent inspecting 100,684 (106,126) pupils in school. Additionally 31,132 (27,732) pupils received an inspection at clinics. Thus a total of 131,816 (133,858) pupils out of a total school population of approximately 215,000 received a dental inspection during 1972 or 61% (64%). The aim of the school dental service must be to inspect every schoolchild at least once a year and the fact that this objective is not achieved in Essex has caused much concern and discussion. Since the school inspection programme depends upon the ability of the service consequently to offer treatment to all those found to need treatment, it is not possible to achieve a 100% inspection rate with an understaffed dental service. There can be no useful purpose in inspecting children, notifying parents of their defects but being unable to carry out treatment through shortage of staff. The policy has continued to providing emergency treatment cover for all children and concentrating available staff time on the inspection and treatment of pupils in primary schools. Great importance is attached to prevention and early detection of dental illhealth and to the conservation of the dentition.

55,224 (54,429) pupils were found to require treatment as a result of inspection, i.e. 41.9% (40.7%) and 52,972 (52,336) were offered treatment. Statistics show that 40% of the pupils found to require treatment seek and obtain treatment from general dental practitioners and that 60% opt to receive treatment through the school dental service. In addition 7,939 (9,068) children were reinspected at schools or at clinics during the year, of whom 4,996 (4,869) were found to need treatment.

35,047 (32,051) individual children made 88,347 (81,523) attendances for treatment during the year, the average number of visits per child being 2.5 (2.5). 38,980 (35,969) courses of treatment were undertaken, of which 31,095 (28,545), or 80% were completed. 3,536 (3,098) emergency cases were seen and treated.

33,625 (31,205) fillings in 30,802 (27,963) deciduous teeth, and 43,685 (42,590) fillings in 37,479 (36,152) permanent teeth were carried out. 14,366 (13,052) deciduous teeth and 4,038 (3,547) permanent teeth were extracted, the ratio of permanent teeth extracted to permanent teeth filled being 1 to 9.3 which, although not as high as the ratio of 1 to 10.2 recorded in 1971, shows the emphasis given to saving teeth rather than extracting them. 6,396 (6,094) general anaesthetics, all of which except for 247 (122) by dental officers, were administered by medically qualified specialists.

575 (523) new orthodontic cases were started during the year and 348 (374) were completed. 585 (710) removable appliances were fitted. The effect of the appointment of the orthodontic specialist was not yet fully shown by the end of the year, but the result is likely, through expert diagnosis and extensive experience, to be an actual reduction in the number of active orthodontic treatments started. Fewer unsuitable cases, or cases that require only extraction of teeth to bring about a good result are likely to be undertaken. The greatest benefit from having an orthodontic specialist on the staff accrues from the help in diagnosis and treatment planning he can give to dental officers.

82 (61) dentures were supplied together with 200 (165) crowns and 37 (9) gold inlays.

The amount of treatment provided by the service shows an increase in almost every respect and, indeed this is to be expected from the increased number of sessions worked by dental officers 13,615 (12,426) and by dental auxiliaries 2,051 (1,581). What is less to be expected, and of concern, is the comparatively low average number of attendances per session and of fillings carried out per session, 5.0 (5.3), excluding the orthodontic specialist's sessions. Interpretation of this decrease is difficult but whatever the cause the attention of the staff was drawn to these facts which were also unfavourably commented upon in the Report from the Secretaries of State for Education and for Social Services following a visit of inspection of the dental services (*vide infra*).

### **Visit of Inspection**

Following a 3 day visit of inspection made between 11th and 13th July of the County's dental services by Mr. W. G. Everett, a Dental Officer of the Department of Education and Science, an official report from the Secretaries of State for Education and Science and for Social Services was received in November. The report appears as Appendix "H" in this report. Whilst the report in general found the service satisfactory, adverse criticism was directed to the number of patients treated per Dental Officer and to the number of visits per treatment session. As reported earlier, action has been taken to remedy these short comings and every effort is also being made to increase the number of children inspected each year.

The report recommends the establishment of posts of Senior Dental Officer to the Authority's consideration, both to help recruitment and to provide a better career structure, and this recommendation is being followed up.

The report commends the Authority's continuing work in dental health education and the development of dental care for pre-school children. The valuable contribution made to the Authority's dental service by mobile dental clinics was noted, together with the probable need for a further increase in their number. The standard of dental accommodation was considered to be generally good, with that in Laindon Health Centre particularly fine. Equipment was thought to be comprehensive and of a high standard and the report commended the Authority's programme of regular replacement of older items.

### **Dental Health Education**

Dental health education continued to be considered an important, indeed essential, part of the duties of the dental staff, who spent an increased number

of session on this type of work, 225 (212) by dental officers and 431 (375) by dental auxiliaries. The full time dental health assistant was fully occupied during the school year teaching and demonstrating dental health in the schools. The programme of teaching, including the full dental health exhibition, in every primary school in the Thurrock Division was completed in July, efforts thereafter being transferred to primary schools in the Saffron Walden and Dunmow rural districts in the West Essex Division. The dental health assistant continues to make follow up visits to the schools in West Essex where the full teaching had been carried out in previous years. At all schools visited, parents were invited to come along and meet the dental health education staff and school dental officer, thereby providing an opportunity of discussing problems and explaining the importance of prevention. Thanks are due to the teaching staff of all schools for their willing co-operation and to the staff of the County Health Education Department who have supported the work by ably organising the transport and erection of exhibits, projectors and equipment.

Whilst most dental health teaching takes place in school, an increasing amount is carried out by dental auxiliaries in ante-natal and child welfare clinics, playgroups and mothers clubs. The Chief Dental Officer and other dental officers have accepted invitations to speak on dental health usually at evening meetings of young wives clubs and similar organisations.

A staff meeting of all members concerned with dental health education was held towards the end of the year to assess, critically, all aspects of the existing programme and methods. Whilst it is almost impossible to evaluate the success, or otherwise, of dental health education in statistical terms, the conclusion was reached that this type of preventive work must continue. Many useful new ideas were brought forward and the most important, and perhaps indeed obvious, conclusion was that only those things that had been scientifically proved beyond any doubt should be taught. There was general agreement that fluoridation of the water supplies would be the single most efficacious measure in preventing dental decay.

In his annual report for 1971, the Chief Medical Officer of the Department of Health and Social Security, "On the State of the Public Health", Sir George Godber states that the dental health of children is continuing to improve but it is still grossly impeded by the failure to provide fluoridation of drinking water. He states: "The baseless opposition of this humane and safe measure in Britain makes a mockery of one aspect of the care of children's health. It is high time many other local health authorities set aside the false arguments and followed the example of Birmingham."

### Special Investigation

(a) *The Zircate Project.* This 3 year clinical trial of a self-applied paste which was fully described in the annual report for 1971 continued during the year, 6 monthly supervised brushing by some 800 secondary school children in Thurrock taking place in March and September. Full clinical and radiographic examinations were repeated in March and results will not, of course, be available until some time after the conclusion of the trial in 1974.

(b) *The 3 Year Old Birthday Card Scheme.* This pilot study carried out from the Stanford-le-Hope clinic in the Thurrock Division, and reported upon in

previous years, was completed at the end of the year. One thousand birthday card reminders of the importance of early and regular dental examination, including a reply-paid request card for an appointment, have been sent to children on their third birthday. A full analysis and assessment has not been completed but preliminary returns indicate a 20 – 25% response. Compared to the response reported by other similar local authority schemes, this percentage response can be considered good and encouraging enough to warrant the continuation and expansion of this method of encouraging parents to arrange for the dental care of their young children. The Thurrock Area Dental Officer responsible for this study comments that an appointment made for a young child as a result of this birthday card scheme offers in particular an excellent opportunity for him to advise mothers on dietary and oral hygiene methods of preventing dental disease.

### **Post – Graduate Courses**

Mr. J. M. Carr, Thurrock Area Dental Officer, completed his year of study in London for the Diploma in Dental Public Health in July and Mr. P. J. R. Bush, Supervisory Dental Officer, Basildon, commenced the course in London in October. Miss F. J. Rhodes, a part-time dental officer, also obtained the Diploma after attending the course at her own expense and is now a whole-time member of staff.

Four whole-time dental officers attended a 2-day residential post-graduate course on "Orthodontics" at the University of Keele, Staffordshire in April, and another four dental officers a 2-day residential course "The Dentist, His Team and the Community" at Oxford in September. Yet another four whole-time dental officers attended the Annual Conference of the British Dental Association held in Swansea during June. The opportunity afforded to dental officers attending these courses and conferences of keeping abreast of developments and discussing problems with colleagues from other parts of the country is valuable.

For the first time, a one-day in-service training course for dental auxiliaries was organised and held at the Medical Academic Unit at the Chelmsford and Essex Hospital in November. All the dental auxiliaries working in Essex attended this course as well as some 12 others from neighbouring authorities to whom an invitation had been extended. Under the chairmanship of the Chief Dental Officer, lectures were given by Mr. French, Area Dental Officer, West Essex, Mr. Carr, Area Dental Officer, Thurrock, Mr. Liptrot, Director of the School for Dental Auxiliaries, New Cross, London, and Mr. Colin Davies, Director of the Oral Hygiene Service. Representatives from the Department of Education and Science and from the British Association of Dental Auxiliaries also attended by invitation. The course proved a most successful innovation and was considered by those who attended as most helpful in keeping up-to-date their knowledge of recent advances in dentistry.

### **General Observations**

Close liaison with other branches of the dental profession was maintained through the Chief Dental Officer's, and other dental officers' membership of the NHS Local Dental Committee, regional meeting of Chief Dental Officers, the Advisory Committee for Dental Surgery to the North-East Metropolitan Regional Hospital Board and their attendances at meetings of the British Dental Association and the Dental Group of the Society of Medical Officers of Health.

Two one-day conferences of Area Dental Officers were held in the Spring and in the Autumn at which problems concerning the County dental service were fully discussed and agreement reached on the best ways of implementing policy decisions.

Visits were received from the Chief Dental Officers of Ipswich CBC and Southend-on-Sea CBC and during the summer it was possible to loan some of the County's dental health exhibition material for a campaign in Ipswich.

The Chief Dental Officer received an invitation to attend the annual prize-giving ceremony at the Training School for Dental Auxiliaries in London in July.

### **Re-organisation of the National Health Service**

Inevitably, the proposed re-organisation of the health services in 1974 has loomed large and much planning and thought has been given to the future by members of the staff. As is natural, some anxiety has been felt as to the place of the School Dental Service in the organised NHS in general and of the individual dental officer in particular. The Chief Dental Officer was selected to attend during March the first experimental integration course on NHS re-organisation, of 3 weeks duration, at the Kings Fund College of Hospital Management in London. This multi-disciplinary course was sponsored by the Department of Health and Social Security and proved most stimulating in facing up to the problems of improving health care for the population of this country. The Chief Dental Officer returned to the Kings Fund College in November for a 2-day review conference.

The Chief, and other senior Dental Officers have been included in "attachment" schemes to hospitals and the NHS Executive Council for Essex in order to gain a better insight into the work of the NH Service as a whole.

In July, the Joint Liaison Committee for Essex set up several working parties to prepare the ground for re-organisation, and the Chief Dental Officer acted as Secretary to two-sub-groups, and joint Secretary to a third, of the Community Medicine Working Party. He and other dental officers have taken part in numerous multi-disciplinary groups on re-organisation within and outside Essex. In this way, senior members of the dental staff have not only themselves gained a much wider view of health problems but have also been able to bring the special problems of dentistry to the notice of other health workers.

### **Personal Comment**

The year 1972 was one of an increased volume of dental treatment being provided for school children by a greater number of school dental officers. The ever increasing school population, however, prevented a greater proportion of school children requiring treatment actually receiving it. The percentage of pupils routinely examined in school fell slightly from 64% in 1972 to 61%. Every school child should receive a dental examination at least once a year and preferably more frequently. The factor limiting a larger percentage of pupils receiving annual inspection is the inability of the undermanned school dental service to carry out all the treatment discovered at school inspections and subsequently requested by parents. Many children are receiving dental treatment through NHS dental practitioners but the combined treatment resources of

practitioners and school dentists are insufficient to provide all the treatment the children of Essex require. Thus, we find ourselves in an impossible situation, with the only feasible solution to be found in prevention. Universal fluoridation of the water supplies would in less than 10 years halve the amount of dental decay in children, and at a fraction of the cost of repairing decaying teeth. How much longer, one wonders, can the country afford not to fluoridate water supplies?

The other aspect of prevention is education in the self-care of the teeth and gums. Great though the efforts are that have been made in this field, far more is needed. Yet neither is the NHS practitioner paid for this work nor the school dentist given much credit for it. Dentistry at the present time in this country is treatment orientated: it is to be regretted that the Department's yardstick as to the value of any dental service is the number of treatments carried out, the number of fillings placed, and so forth. Great pride is taken in demonstrating year by year ever increased amounts of treatment given, yet surely greater satisfaction should come from a reduction in the need for so much treatment?

These problems, and many others, will have to be faced squarely in years to come and one would like to think the opportunity provided by re-organisation of the health services will be taken to do so. What of the future of the school dental service after 1974? Is there indeed a need for a school dental service, or is it an anachronism in these days of free dentistry for all children? There is little doubt in my own mind that there will continue to be a need for a salaried dental service to look after those children whose parents are unwilling or unable to seek regular dental care for them through the general dental practitioner service. Equally, one sees an expanded function of the salaried service, for example, much better dental care for pre-school children, for handicapped children, for the adult mentally subnormal and elderly housebound people. These are groups who for obvious reasons may find it difficult to obtain treatment.

But if we are already short of staff to treat school children, how possibly can these additional functions be coped with? To some extent, I suggest, by a much greater utilisation of ancillary dental personnel, to some extent by better self-care by individuals, and by water fluoridation. It is possible that the next decade may see the discovery and implementation of new preventive methods and these are fervently to be hoped for.

These are many problems indeed to be solved and it is heartening to find members of the country's dental service looking forward to meeting the challenge of improving the extent and quality of dental care for the community.

J. C. TIMMIS, LDS, DDPH, RCS  
Principal School Dental Officer

## APPENDIX "A"

### MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31ST DECEMBER 1972

**Part I** — Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

**Table 'A'** — Periodic Medical Inspections

Age Group inspected (By year of Birth) (1)	No. of Pupils who have received a full medical examination (2)	Physical condition of pupils inspected		No. of Pupils found not to warrant a medical examination (5)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)			Total individual pupils (8)
		Satisfactory No. (3)	Unsatisfactory No. (4)		for defective vision (excluding squint) (6)	for any other condition (7)		
1968 and later	291	291	—	—	—	17	17	17
1967	7,701	7,688	13	—	83	309	377	
1966	12,671	12,633	38	—	155	548	682	
1965	1,719	1,710	9	—	22	87	104	
1964	962	958	4	—	25	41	64	
1963	1,474	1,471	3	—	32	69	101	
1962	998	998	—	—	19	40	57	
1961	849	849	—	—	32	37	68	
1960	1,061	1,061	—	—	28	41	68	
1959	987	987	—	—	26	48	70	
1958	2,402	2,400	2	—	29	37	62	
1957 and earlier	4,691	4,682	9	685	301	171	458	
<b>TOTAL</b>	<b>35,806</b>	<b>35,728</b>	<b>78</b>	<b>685</b>	<b>752</b>	<b>1,443</b>	<b>2,128</b>	

Col. (3) total as a percentage  
Col. (2) total = 99.78%

Col. (4) total as a percentage  
of Col. (2) total = 0.22%

**TABLE 'B'**

## — Other Inspections

Number of Special Inspections .....	5,089
Number of Re-inspections .....	11,805
Total	<u>16,894</u>

**TABLE 'C'**

## — Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .....	175,490
(b) Total number of individual pupils found to be infested .....	1,316
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	107
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	13

## PART II – Treatment Tables

**Table 'A'. Eye Disease, Defective Vision and Squint**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction	
squint .....	1,720
Errors of refraction (including squint) .....	5,810
Total .....	<u>7,530</u>
Number of pupils for whom spectacles were prescribed .....	2,076

**Table 'B'. Diseases and Defects of Ear, Nose and Throat**

	Number of cases known to have been dealt with
Received operative treatment –	
(a) for diseases of the ear .....	—
(b) for adenoids and chronic tonsillitis ..	—
(c) for other nose and throat conditions ..	—
Received other forms of treatment – .....	356
Total .....	<u>356</u>
Total number of pupils in schools who are known to have been provided with hearing aids –	
(a) in 1972 .....	55
(b) in previous years .....	345

**Table 'C'. Orthopaedic and Postural Defects**

	Number of cases known to have been dealt with
(a) Pupils treated at clinics or out-patients departments .....	70
(b) Pupils treated at school for postural defects .....	37
Total .....	<u>107</u>

**Table 'D'. Diseases of the Skin (excluding uncleanliness, for which see Table 'C' of Part I)**

	Number of Pupils known to have been treated
Ringworm	
(a) Scalp .....	1
(b) Body .....	-
Scabies .....	2
Impetigo .....	5
Other skin diseases .....	1,755
Total .....	<u>1,763</u>

**Table 'E'. Child Guidance Treatment**

	Number of Pupils known to have been treated
Pupils treated at Child Guidance Clinics .....	2,225

**Table 'F'. Speech Therapy**

	Number of Pupils known to have been treated
Pupils treated by Speech Therapists .....	2,435

**Table 'G'. Other Treatment Given**

	Number of Pupils known to have been treated
(a) Pupils with minor ailments .....	2,176
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	80
(c) Pupils who received B.C.G. Vaccination ....	12,784
(d) Other than (a), (b) and (c) above:- Enuresis .....	466
Total .....	15,506

**Dental Inspection and Treatment carried out by  
the Authority**

**Inspections**

(a) Pupils inspected at school .....	100,684
(b) Pupils inspected at clinic .....	31,132
Number of (a) and (b) found to require treatment ...	55,224
Number of (a) and (b) offered treatment .....	52,972
(c) Pupils re-inspected at School or Clinic .....	7,939
Number of (c) found to require treatment .....	4,996

**Attendance and Treatment**

Total visits .....	88,347
Additional courses of treatment commenced .....	3,933
Courses of treatment completed .....	31,095
Visits for emergency treatment .....	3,536

**Fillings:**

(a) Permanent teeth .....	43,685
(b) Deciduous teeth .....	33,625

**Teeth filled:**

(a) Permanent teeth .....	37,479
(b) Deciduous teeth .....	30,802

**Teeth extracted:**

(a) Permanent teeth .....	4,038
(b) Deciduous teeth .....	14,366

General anaesthetics administered .....	6,396
Pupils X-rayed .....	2,776
Prophylaxis .....	7,967
Teeth otherwise conserved .....	7,514
Teeth root filled .....	344
Inlays .....	37
Crowns .....	200

### Orthodontics

New cases commenced during year .....	575
Cases completed during year .....	348
Cases discontinued during year .....	81
Number of removable appliances fitted .....	585
Number of fixed appliances fitted .....	9
Pupils referred to Hospital Consultant .....	184

### Prosthetics

Pupils supplied with full upper and lower dentures (first time) .....	3
Pupils supplied with other dentures (first time) .....	71
Number of dentures supplied .....	82

### Sessions

Sessions devoted to treatment .....	15,666
Sessions devoted to inspection .....	751
Sessions devoted to Dental Health Education .....	656

### Dental Auxiliaries

Total visits .....	9,989
Fillings:	
(a) Permanent Teeth .....	5,056
(b) Deciduous Teeth .....	5,716
Deciduous Teeth Extracted .....	10,772
Prophylaxis .....	352
	2,421

## APPENDIX "B"

### Report on the Catering and School Meals Service and Milk in Schools

Mr. D. T. Powell has given the following report:-

In the Autumn term, 1972 58.5% of the children attending took school meals compared to 54.8% in the Autumn term 1971. A one day conference was held at Easter 1972 which was attended by over 600 kitchen supervisors, cooks in charge, and other officers, when talks were given on separate aspects of nutrition and the problems involved.

Progress is being made in the programme of research into computer assisted planning of menus and ordering of food.

Following the reasonable success in the experiments in three secondary schools of the provision of choices of hot and cold snacks and beverages at economic prices, further schools will be introduced to this scheme as and when demand arises and conditions are favourable.

A summary of the relevant figures on the consumption of milk and meals is given below:-

Date	No. of Day Pupils Present	No. having Dinner	Per cent of Pupils having Dinner	No. having Milk	Per cent of Pupils having Milk
Autumn 1966	158,283	107,608	68.0	124,981	79.0
Autumn 1967	165,067	117,426	71.1	129,582	78.7
Autumn 1968	171,448	120,627	70.3	96,473*	91.2
Autumn 1969	180,138	124,085	68.9	101,877	91.6
Autumn 1970	188,890	124,702	66.0	105,616	92.1
Autumn 1971	195,895	107,192†	54.8	44,668*	92.3
Autumn 1972	204,054	119,454†	58.5	45,807*	91.8

\* From Autumn 1968, free milk was provided only for children in primary and special schools and from Autumn 1971 this was further amended to exclude children who had attained the age of 7 years by the end of the summer term, except for children in special schools and pupils in respect of whom the School Medical Officer had issued a certificate stating that milk was required on health grounds. The percentages therefore are calculated on the numbers present and entitled to receive free milk.

† In addition, 24,685 pupils (12.6%) brought sandwich meals in 1971; but in 1972 the figure decreased to 18,645 (9.1%).

## APPENDIX "C"

### Child Guidance Tables 1972

**Table 1 – Cases referred, treated and awaiting treatment**

	Col- chester	Chelms- ford	Basil- don	Grays	Harlow	Lough- ton	All Clinics
New cases referred or re-opened during 1972	312	362	565	225	214	82	1,760
Cases seen at the clinic the first time following referral or re-opening:							
(i) Seen once for diagnostic interview only	50	16	30	25	20	4	145
(ii) Diagnosed and referred for further treatment	55	255	300	152	76	50	888
(iii) Others (e.g. those seen only by members of the team other than the Psychiatrist)	86	84	28	24	60	21	303
Old cases who attended the Clinic	76	278	175	111	139	110	889
Total cases treated	267	633	533	312	295	185	2,225
Cases at the end of the year:							
(i) Awaiting first appointment	30	71	43	32	67	6	249
(ii) Other current cases	361	421	257	379	199	290	1,907

**Table 2 – Cases referred, by age, sex and Division**

Division	Under 5		Over 5		Total
	Boys	Girls	Boys	Girls	
North-East Essex	2	4	84	69	159
Mid-Essex	22	8	206	89	325
South-East Essex	22	12	93	63	190
West Essex	6	2	74	40	122
Harlow	16	18	72	31	137
Thurrock	11	12	107	77	207
Basildon	23	21	164	90	298
Colchester	4	—	86	42	132
Admin. County	106	77	886	501	1,570

## APPENDIX "D"

### Report by the Advisory Teacher of the Deaf 1972

In January the Colchester, Lexden Nursery/Infant Partially Hearing Unit opened in specially adapted accommodation for a small number of nursery age deaf and partially hearing children together with a larger group of normally hearing children with whom they are integrated socially and educationally. A second teacher of the deaf was appointed in September to allow for future expansion in numbers. Unfortunately, at the end of the year, the original teacher resigned for family reasons. Despite this set-back the new unit has made a good beginning and is fulfilling a long felt need for this type of provision in the Colchester and North East Essex area.

It is also hoped that provision will be made in the 1973/74 Minor Capital Projects Programme for the conversion of two classrooms in a Basildon Infants' School into a Nursery/Infant Partially Hearing Unit. This will inaugurate a planned system of partially hearing units for hearing handicapped children in both the Basildon and South West Essex areas. A start will also be made in 1973 on the purpose-built classroom suite for the Rayleigh, Swayne Comprehensive Partially Hearing Unit.

There are currently four teachers in training to teach the deaf at London University and three more have already applied to be seconded to next year's course. Consequently the long term partially hearing unit staffing prospects continue to improve. 109 Essex children are now being educated in nine partially hearing units.

The peripatetic service continues to operate with four teachers but it is hoped that the establishment of a further teacher will be approved for 1973. The number of hearing-impaired children supervised by this service has increased by 12% of the past year and there is a pressing need for this appointment.

Comparative numbers for 1971 and 1972 are:

	1972	1971
Pre-school	33	31
Primary	108	86
Secondary	108	102
	249	219

**APPENDIX "E"**

**Children on the Handicapped Pupils Register**

Newly assessed as handicapped in 1972		Receiving special educational treatment					Requiring but not receiving special educational treatment		On register but not requiring special educa- tional treatment			
		All Ages	Under 5 years	At Day Special School	At Resi- dential Special School	At Ordinary School	Else- where	Total All Ages	Total under 5 years	All Ages	Under 5 years	
<b>Blind</b>	1	1	2	12	—	—	—	14	—	5	3	—
Partially sighted	5	—	20	24	4	—	—	48	1	5	1	8
<b>Deaf</b>	8	4	30	22	—	—	—	52	3	1	1	1
Partially hearing	30	11	87	44	35	1	167	11	1	1	88	6
<b>Physically handicapped</b>	63	26	100	66	19	30	215	16	15	6	300	47
Delicate	52	6	93	100	23	9	225	2	16	—	132	—
Maladjusted	119	4	32	356	9	12	409	3	66	1	54	—
E.S.N.	253	54	1,233	176	56	18	1,483	14	157	9	99	7
S.S.N.	42	21	.505	40	—	—	59	604	13	30	12	8
Epileptic	10	4	9	13	3	4	29	4	4	—	63	4
Speech Defects	30	27	4	6	1	20	31	22	6	2	3	—
<b>Total</b>	613	158	2,115	859	150	153	3,277	89	306	36	758	71

**APPENDIX "F"**

**Notification of Infectious and other Notifiable Diseases in Children  
between the ages of 5 and 15 – 1972**

Division (1)	Scarlet Fever (2)	Whooping Cough (3)	Measles (4)	Dysentery (5)	Food Poisoning (6)	Infective Jaundice (7)	Tuberculosis Respiratory (8)	Other (9)	Others † (10)	Total (11)
North-East Essex	9	2	253	2	–	1	–	2	–	269
Mid-Essex	38	8	142	10	–	22	–	1	–	221
South-East Essex	44	3	221	2	7	10	–	–	3	290
West Essex	22	5	101	7	3	–	1	–	1	140
Harlow	16	–	71	5	1	–	6	–	–	99
Thurrock	51	2	146	–	17	19	–	–	4	239
Basildon	38	14	90	–	1	3	–	–	1	147
Colchester	6	2	9	7	–	1	–	1	–	26
Total	224	36	1,033	33	29	56	7	4	9	1,431

†Others = 8 Acute Meningitis and 1 Paratyphoid Fever

## APPENDIX "G"

### Report by the Senior Adviser for Physical Education

It is pleasing to be able to report that 1972 contained several progressive features which enabled Physical Education to keep pace with modern thought and method in the field of general Education.

For the past six years or so, considerable building developments have offered widening opportunities for the total Physical Education involvement of all our pupils and most schools have now been equipped with the basic facility requirements to plan and organise a progressive programme of work for every child.

Gymnasia, Sports Halls, Swimming Pools, Games Fields, Porous Areas have all been involved in the building programme at Secondary level and a corresponding need has evolved for a thorough knowledge of Programme Planning and Curriculum Development on the part of Physical Educationists and in particular Heads of Departments.

It was in this academic area that much concentration was placed during 1972. The object was to develop some form of common policy, throughout the County, in terms of teaching method, programme planning and curriculum development to ensure that all facilities were thoroughly used, all aspects of Physical Education considered and all pupils regarded as individuals with differing interests, aptitudes and needs.

In a County as widespread as Essex the task of developing a sense of unity of thought and effort on the part of all Physical Educationists is not easy and it was finally decided that, as a first step, two conferences should be arranged, one for all Heads of Departments of Physical Education and another for all probationary teachers of Physical Education.

The Conference for all Heads of Departments of Physical Education was undoubtedly the most significant single progressive feature of the year in terms of encouraging improvement in standards throughout the County.

Because of the vast number of Senior Specialists, the Conference was held in two identical parts and both took place at the Education Centre, Broomfield.

The days consisted of illustrated lectures, by the County Advisory Staff, Group discussions on three main topics of importance and the verbal expression of Group opinions by Teacher Group Leaders.

The lectures were based on the following topics:-

- (a) Programme Planning in the light of current facilities and modern ideas on the teaching of Physical Education.
- (b) The raising of the School Leaving Age and the problems associated with it.
- (c) The Professional Standards of the Head of Department of Physical Education.

The Group Discussion periods were devoted to the consideration of:-

- (a) The Physically Gifted Child – the place of such children in the daily educational programme.

- (b) The place of 'Recreation' in the field of Physical Education.
- (c) Programme Planning – in relation to lectures given.

Teacher participation and involvement was high and the considered opinion of all groups has since been recorded in a 'Conference Report'.

The Advisory Staff are hopeful that the Conference, which on the surface was most successful, did play a prominent part in encouraging 'unity' and that future programmes of Physical Education, in our Schools, will be evidently improved to the benefit of all pupils.

The Conference for all Probationary teachers of Physical Education was held at the Recreation Centre, Crystal Palace. Because of the facilities available the Conference extended over a few days and consisted of a combination of lectures and practical sessions.

Again the promotion of a sense of unity was a vital feature but the overriding emphasis was placed on 'Safety in Schools' with particular reference to Trampolining and Swimming.

All teachers were subjected to a basic study course on safety factors in the teaching of trampolining. The work included the folding and unfolding of Trampolines and progressive techniques in the teaching of trampoline activities. Similarly all teachers were subjected to a course on 'Life Saving Methods' in the swimming pool. Although many had studied Life Saving and Resuscitation in College, it was considered important that the opportunity should be taken to re-emphasise the critical need to know and be competent in recommended techniques in Life Saving methods.

During the Conference, time was also devoted to lectures on Lesson Planning, Syllabus Progression and Standards in the teaching of Gymnastics, Dance and Games.

At the Secondary level 1972 was a particularly significant year with very positive steps being taken to raise standards in the planning and teaching of Physical Education throughout the County.

At the Primary level, the normal practice of visits to schools, demonstration work and the courses for teachers was continued. There were still signs, in some schools, of academic pressures limiting the scope of the Physical Education Programme but generally speaking the time factor was satisfactory.

In most schools the recommended balanced programme of work continued to function. Namely:-

Educational Gymnastics: Expressive Movement: Games: Swimming.

The Swimming programmes generally, continued to be somewhat curtailed by the financial limitations imposed at County level. To offset this factor however, a National 'Learn to Swim' campaign, where the local Authority Health Departments worked closely with Divisional Education Offices, did serve to promote Swimming in our Primary Schools.

In one Division, at least, such promotion schemes included Instruction for non swimming parents in the hope that they would learn and be encouraged to take children more frequently to available pools.

In all, 1972 was a most satisfactory year with a clear balance in favour of progress. It saw introduction of specific features at the Secondary level and the emergence of definite future course ideas for the benefit of Primary work in the County. The educational significance of Physical Education has and will continue to be highlighted so that maximum benefit is gained by all pupils participating in the Physical Education Programmes of our schools.

## APPENDIX "H"

### Review of the Dental Services by the Department of Education and Science

Sir,

1. I am directed by the Secretaries of State for Education and Science and for Social Services to say that they have had under consideration the report of one of their dental officers, Mr. W. G. Everett, made after his visit between 11 and 13 July 1972, to review the Essex County Council Dental Services.

2. The percentage of the school population inspected has increased to 62% since the last visit and inspection sessions are now properly organised with above-average numbers seen at each session. This part of the service is developing well but the numbers of inspections carried out at the clinic are still above average and should be reduced. The service is orientated to conservation and the ratios of teeth conserved to each extracted are more favourable than average and also the prevalence of general anaesthetics has reduced. Output of treatment by dental officers has increased and while this is commended there is need for further improvement until an average performance is achieved. The numbers of patients treated per dental officer although having increased is still below average and the number of visits per session has actually decreased since the last visit. It is important that the service expands to offer treatment to increasing numbers of children.

3. The number of dental officers in post has increased since the last visit but the school population has also increased. There is clearly need for further recruitment of dental officers until the aims of the service can be met. The creation of Senior Dental Officer posts within the existing establishment is recommended for the Authority's consideration. Such appointments could be conditional on the provision of treatment for specific groups or the undertaking of more complex forms of treatment. The appointment of an orthodontist is welcome and also the employment of dental auxiliaries is proving to be of value to the Authority's service and is commended.

4. Dental health education is regarded as an important part of the Local Authority Service and the Authority is commended for the continuing work which is being done in this field.

5. The number of pre-school children inspected has increased steadily since the last visit and is at present about the average per dental officer. The inclusion of information on the school appointment cards is welcomed and also the introduction of a pilot third birthday scheme in the Grays Thurrock area. It is hoped that these measures will be successful in stimulating still more parents to bring their young children for early dental inspection and the provision of treatment where necessary.

6. It is noted that mobile dental surgeries are now making a valuable contribution to the Authority's Dental Service and it is anticipated that a further increase in their number may become necessary. The standard of dental accommodation is generally good with that in Laindon Health Centre particularly fine. Equipment is comprehensive and of a high standard and the

Authority's programme of regular replacement of older items is commended. The plans for the improvement of older clinics and the creation of new health centres are also noted.

7. A copy of this letter has been sent to the Authority's Chief Education Officer. Any comments by the Authority on the points raised in this letter will be welcomed in due course.

I am, Sir,

Your obedient Servant,

K. A. SMITH  
Schools II Branch

## APPENDIX "I".

### CLINICS

#### COLCHESTER (DELEGATED)

Health Services Clinic, Shrub End, Colchester .....	Each week day
Central Clinic, East Lodge Court, High Street, Colchester .....	Each week day
Health Services Clinic, Queen Elizabeth Way, Colchester .....	Each week day
Health Services Clinic, Blackthorn Avenue, Greenstead .....	Each week day

#### NORTH-EAST ESSEX

Health Services Clinic, Skelmersdale Road, Clacton .....	Each week day
Health Services Clinic, Mistley .....	Monday to Thursday a.m. All day Fridays
Health Services Clinic, Brightlingsea .....	Tuesdays, Wednesdays, Fridays, p.m.
Health Services Clinic, West Mersea .....	Mondays, Thursdays, Fridays, a.m. Tuesdays, Wednesdays, p.m.
Health Services Clinic, Tiptree .....	Tuesdays, Wednesdays, all day. Mondays, Thursdays, a.m. Friday p.m.
Health Services Clinic, Colchester Road, Halstead .....	Each week day
Health Services Clinic, Main Road, Dovercourt .....	Each week day
Health Services Clinic, Weeley .....	Wednesdays (only for Dental Treatment)

#### MID-ESSEX DIVISION

Health Services Clinic, Coggeshall Road, Braintree .....	Alternate Thursdays a.m.
Health Services Clinic, Burnham-on-Crouch .....	4th Friday a.m.
Health Services Clinic, Coval Lane, Chelmsford .....	Alternate Mondays a.m.
Health Services Clinic, Wantz Chase, Maldon .....	1st, 3rd and 5th Fridays a.m.

Health Services Clinic, Melbourne Avenue, Chelmsford . . . . .	2nd Monday a.m.
St. Peter's Room, Coggeshall . . . . .	2nd Monday a.m.
St. Mary's, Kelvedon . . . . .	3rd Friday a.m.
Health Services Clinic, Guithavon Street, Witham . . . . .	1st and 3rd Thursdays a.m. and 3rd Friday p.m.
Health Services Clinic, 39 Queen's Road, Brentwood . . . . .	Tuesdays a.m.
Health Services Clinic, Cherry Avenue, Brentwood . . . . .	1st, 3rd and 5th Tuesdays a.m.
Health Services Clinic, Coram Green, Hutton, Brentwood . . . . .	2nd and 4th Wednesdays a.m.
Health Services Clinic, Moulsham Estate, Chelmsford . . . . .	2nd Thursdays p.m.

#### SOUTH-EAST ESSEX DIVISION

Health Services Clinic, Great Wakering . . . . .	Thursdays p.m.
Health Services Clinic Eastwood Road, Rayleigh . . . . .	1st, 3rd and 5th Tuesdays a.m.
Health Services Clinic, Kenneth Road, Thundersley . . . . .	2nd and 4th Thursdays a.m.
Health Services Clinic, Furtherwick Road, Canvey Island . . . . .	1st, 3rd and 5th Mondays a.m.
Health Services Clinic, High Road, South Benfleet . . . . .	1st and 3rd Fridays a.m.
Health Services Clinic, London Road, Hadleigh . . . . .	4th Tuesdays a.m.
Health Services Clinic, Spa Road, Hockley . . . . .	4th Wednesdays a.m.
Health Centre, Ferry Road, Hullbridge . . . . .	2nd Mondays a.m.
Health Services Clinic, Rocheway, Rochford . . . . .	1st Wednesdays a.m.

#### THURROCK DIVISION

Health Services Clinic, Aveley, South Ockendon . . . . .	Thursdays a.m.
Health Services Clinic, Grays Park, Bridge Road, Grays . . . . .	Wednesdays a.m.

Health Services Clinic, London Road, Tilbury .....	Fridays a.m.
Health Services Clinic, Wharf Road, Stanford-le-Hope .....	1st, 3rd, 4th and 5th Thursdays a.m.
Health Centre, Cramavill Street, Stifford Clays, Grays .....	Thursdays a.m.
Health Services Clinic, River View, Chadwell St. Mary .....	Mondays a.m.
Health Centre, Darenth Lane, South Ockendon .....	Fridays a.m.
Health Services Clinic, Giffords Cross Road, Corringham .....	Thursdays p.m.
Health Services Clinic, Princess Margaret Road, E. Tilbury .....	2nd and 4th Mondays a.m.

#### WEST ESSEX DIVISION

Health Services Clinic, 56 New Street, Dunmow .....	As required
Health Services Clinic 15 Regent Road, Epping .....	1st and 3rd Tuesdays a.m.
Health Services Clinic, Loughton Hall, Rectory Lane, Loughton .....	2nd and 4th Wednesdays a.m. 3rd Wednesday p.m.
Health Services Clinic, 69 High Street, Saffron Walden .....	As required
Quaker Meeting House, Stansted .....	2nd Thursday p.m.
Health Services Clinic, The Cedars, Waltham Abbey .....	2nd and 4th Mondays a.m.
Health Services Clinic, Bowes Field, Ongar .....	1st and 3rd Tuesdays a.m.
Health Services Clinic, Buckhurst Way, Buckhurst Hill .....	1st and 3rd Wednesdays a.m.

#### HARLOW DIVISION

Addison House, Fourth Avenue, Harlow .....	Alternate Tuesdays a.m.
Keats House, Bush Fair, Harlow .....	Alternate Wednesdays a.m.

#### BASILDON DIVISION

Health Services Clinic, Laindon Road, Billericay .....	Thursdays a.m.
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Health Services Clinic,  
Craylands, Basildon ..... Wednesdays a.m.

Health Services Clinic,  
Great Oaks, Basildon ..... Fridays a.m.

The Health Centre,  
Laindon ..... Wednesdays a.m.

Health Services Clinic,  
High Road, Pitsea ..... Thursdays a.m.

Health Services Clinic,  
Market Road, Wickford ..... Thursdays a.m.

## SPECIALIST CLINICS — 1972

Type of Clinic	No. of Sessions Monthly	Name Specialist
<b>Colchester Division:</b>		
Ophthalmic .....	12	Dr. H. S. Sweet
Audiology .....	2	Mr. A. N. Cammock
<b>North-East Essex Division:</b>		
Ophthalmic .....	8	Dr. H. S. Sweet
Ear Nose and Throat .....	2	Dr. R. W. Turner
<b>Mid-Essex Division:</b>		
Ophthalmic .....	30	Mr. Das-Gupta Dr. D. J. S. Nicol Dr. J. J. Reilly Dr. N. S. Sweet
Audiology .....	2	Mr. A. N. Cammock
<b>South-East Essex Division:</b>		
Ophthalmic .....	2	Dr. B. C. Dench
Audiology .....	2	Mr. A. N. Cammock
<b>Thurrock Division:</b>		
Ophthalmic .....	16	Dr. W. H. Clark Dr. D. J. Puddifant
Audiology .....	2	Mr. A. N. Cammock
In addition there are 12 Orthoptic sessions a month		
<b>West-Essex Division:</b>		
Ophthalmic .....	6	Dr. M. N. Laybourne Dr. A. G. Karseras
Orthopaedic .....	1 (in 2 months)	Mr. K. Dalliwall
Audiology .....	1	Mr. A. N. Cammock
In addition there are 2 Orthoptic sessions a week		
<b>Harlow Division:</b>		
Orthopaedic .....	2	Mr. H. Poirier
Audiology .....	1 (quarterly)	Mr. A. N. Cammock Mr. H. Smart
<b>Basildon Division:</b>		
Ophthalmic .....	10	Dr. D. J. S. Nicol Dr. W. H. Clark Dr. D. J. Puddifant

## CHILD GUIDANCE CLINICS

Address of Clinic	Estimated Population Served	Establishment of Staff	Posts filled at 31.12.72.	No. Weekly Sessions
Galen House, Town Centre, Harlow.	( Harlow ( 20,369	Psychiatrists (Part-time – 6 sessions weekly) Psychologists (Whole-time – 3)	1 3	6
	( West Essex ( 13,976	Social Workers (Whole-time – 3½) Psychotherapist (Whole-time – 1)	3.5 1	-
St. Nicholas School Loughton.	12,203	Clerks (Whole-time – 3)	3	-
		Psychiatrists (Part-time – 4 sessions weekly)	4	-
		Psychologists (Whole-time – 2)	2	-
		Psychotherapist (–)	1*	-
		Social Workers (Whole-time – 1)	1.5*	-
		Clerks (Whole-time – 3)	2	-
Winsley's House,	40,190	Psychiatrists (Part-time – 9 sessions weekly)	9	-
High Street,		Psychologists (Whole-time – 4)	1	-
Colchester.		Social Workers (Whole-time – 4)	3.5	-
		Psychotherapist (Whole-time – 1)	2.8	-
		Remedial Teacher (Whole-time – 1)	1	-
		Clerks (Whole-time – 4)	4	-
Rannoch Lodge,	51,566	Psychiatrist (Part-time – 9 sessions weekly)	9	-
146 Broomfield		Psychologists (Whole-time – 4)	1	-
Road,		Social Workers (Whole-time – 3)	3.5	-
Chelmsford.		Psychotherapist (Whole-time – 1)	2.3	-
		Remedial Teacher (Whole-time – 3)	0.5	-
		Clerks (Whole-time – 6)	4	-
			5	-
			3 (Part-time)	-

\* excess posts held against vacancies at other clinics

Address of Clinic	Estimated Population Served	Establishment of Staff	Posts filled at 31.12.72.	No. Weekly Sessions
Great Oaks, Basildon	55,540	Psychiatrists (Part-time – 11 sessions weekly) Psychologists (Whole-time – 5) Social Workers (Whole-time – 3) Psychotherapist (Whole-time – 1) Remedial Teacher (Whole-time – 4) Clerks (Whole-time – 4)	2 4 2.6 - - 3 2 4 (Part-time)	11 - - - - - - -
Whitehall Cottage Whitehall Lane, Grays.	22,776	Psychiatrists (Part-time – 6 sessions weekly) Psychologists (Whole-time – 3) Social Worker (Whole-time – 1) Psychotherapist (Whole-time – 1) Clerks (Whole-time – 3) Peripatetic Remedial Teacher (Whole-time – 1)	1 1 1 1 2 2 (Part-time)	6 - - - - -



